



Atty. Dkt. No. 061602-3325 JFW
RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Emmerson et al.
Title: CLIENT-SERVER SYSTEM
Appl. No.: 10/099,977
Appl. Filing Date: 03/19/2002
Examiner: Bayerl, Raymond J.
Art Unit: 2173

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.

LAURA MARKHAM
(Printed Name)
Laura Markham
(Signature)
1 - 18 - 06
(Date of Deposit)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. **Submission required under 37 C.F.R. §1.114:** (check items that apply)

a. Previously submitted:

Please enter and consider the amendment and/or reply previously filed on ____.

Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not

-01/23/2006 HDEMESS1 00000040 10099977 considered.

-01 FC:1801

790.00 OP

01/23/2006 HDEMESS1 00000040 10099977
02 FC:1251 120.00 OP

01/23/2006 HDEMESS1 00000040 10099977

01 FC:1801

790.00 OP

CHIC_1317056.1

[] Please consider the arguments in the Appeal Brief or Reply previously filed on _____.

[] Other ____.

b. Enclosed are:

[X] Amendment/Reply.

[] Affidavit(s)/Declaration(s).

[X] Information Disclosure Statement.

[X] Form PTO/SB/08 with copies of 7 listed reference(s).

[] Other .

Miscellaneous:

[] Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months.

The filing fee is calculated below:

| | Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Fee Totals |
|------------------|-------------------|---------------------|--|-------------------|------------|
| RCE Fee 1.17(e): | | | | \$790.00 | = \$790.00 |
| Total Claims: | 12 | - | 20 = 0 | x \$50.00 | = \$0.00 |
| Independents | 6 | - | 7 = 0 | x \$200.00 | = \$0.00 |
| | | | First presentation of any Multiple Dependent Claims: | + \$360.00 | = \$0.00 |
| | | | | CLAIMS FEE TOTAL: | = \$790.00 |

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | | | |
|-------------------------------------|---|------------|---|----------|
| <input checked="" type="checkbox"/> | Extension for response filed within the first month: | \$120.00 | 1 | \$120.00 |
| <input type="checkbox"/> | Extension for response filed within the second month: | \$450.00 | | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the third month: | \$1,020.00 | | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fourth month: | \$1,590.00 | | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fifth month: | \$2,160.00 | | \$0.00 |
| | EXTENSION FEE SUBTOTAL: | | | \$120.00 |
| | EXTENSION FEE ALREADY PAID: | - | | \$0.00 |
| | EXTENSION FEE TOTAL | | | \$120.00 |
| | CLAIMS AND EXTENSION FEE TOTAL: | | | \$910.00 |
| <input type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | | | \$0.00 |
| <input type="checkbox"/> | Suspension of action requested under 37 C.F.R. § 1.103(c) | | | \$0.00 |
| | TOTAL FEE: | | | \$910.00 |

Please charge Deposit Account No. 06-1450 in the amount of \$910.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$910.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 18, 2006

By Marshall J. Brown

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